

## STATEMENT OF QUALIFICATION OF AMITED LIABILITY PARTNERSHIP Tendication) The following

The undersigned elects to be a Limited Liability Partnership, and submits the following

The Corretory of State pursuant to Idaho Code § 53-3-1001

2. If previously filed a statement of partnership, the name used in that statement is:  The date it was filed with the Idaho Secretary of State's Office was:  3. The street address of the limited liability partnership's chief executive office is:  2000 E 27 North; Mountain Home, ID 83647  4. If the partnership does not have an office in the state of Idaho, the name and address of the registered agent is:  5. The mailing address for future correspondence is:  7. P. O. Box 264: Mountain Home, ID 83647  8. Signature of at least 2 partners:  1)	1.	The name of the limited liability partnership is: L & H Enterprises LLP
3. The street address of the limited liability partnership's chief executive office is:  2000 E 27 North; Mountain Home, ID 83647  4. If the partnership does not have an office in the state of Idaho, the name and address of the registered agent is:  5. The mailing address for future correspondence is:  6. The above-named partnership elects to be a limited liability partnership.  7. Future effective date (optional):  8. Signature of at least 2 partners:  1) Future effective date (optional):  7. Future effective date (optional):  8. Signature of at least 2 partners:  1) Future effective date (optional):  10. Secretary of State use only  10. Secretary of	2.	If previously filed a statement of partnership, the name used in that statement is:
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8. Signature of at least 2 partners:  1) Leas M. Joseph Secretary of State use only  Typed Name Leola M. Jackson  2) March Joseph Josep	5.	The mailing address for future correspondence is: P. O. Box 264; Mountain Home, ID 83647
8. Signature of at least 2 partners:  1) Lead M. Jockson  Typed Name Leola M. Jackson  Typed Name Harold E. Jackson  3) Typed Name  Typed Name  Typed Name  1 180.88 9 188.88 9 188.88 9 188.755411	6.	The above-named partnership elects to be a limited liability partnership.
Typed Name Leola M. Jackson  2) March John Secretary of State use only  Typed Name Harold E. Yackson  3)  Typed Name  Typed Name  Typed Name  Typed Name  100 100 100 100 100 100 100 100 100 10	7.	Future effective date (optional):
Typed Name Leola M. Jackson  2) March John Secretary of State use only  Typed Name Harold E. Yackson  3)  Typed Name  Typed Name  Typed Name  Typed Name  100 100 100 100 100 100 100 100 100 10	8.	Signature of at least 2 partners:
Typed Name Leola M. Jackson  2) New Local Science State  Typed Name Harold E. Yackson  3)  Typed Name  Typed Name  Typed Name  18 186 88 9 188 88 9 188 88 9 188 88 9 188 18 18 18 18 18 18 18 18 18 18 18 18		1) Pala M Quet Per
Typed Name Harold E. Yackson  3)  Typed Name  Typed Na		Typed Name Leola M. Jackson
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3) Typed Name  Typed Name  Typed Name  27/14/2004 05:00  1 8 188.88 = 188.88		
Typed Name  1 9 199.89 = 189.89		3) 97/14/2004 OF STATE CK: 1184 CT. 1184 CT.
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